

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

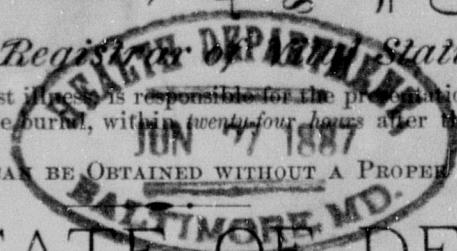
Permit No. A. 691

Office of Registrar DEPARTMENT Statistics.

Ward 6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



D

CERTIFICATE OF DEATH.

Date of Death,

June 26th 87

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Thomas Ready

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 28.

Years,

Months,

Days.

Color,

White

✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Mechanic

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give Street and Number. }

1025 N. Wolfe St. (malaria)
Pectonitis complicated with typhus

Cause of Death, { First (Primary),

Second (Immediate),

Exhaustion

Duration of Last Sickness,

Twelve days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 28th) Thos J. Simms

M. D.

{ Undertaker, H. C. Wiedefeld

Medical Attendant.

{ Place of Business, 916 Green St. Address, 804 E. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A

692

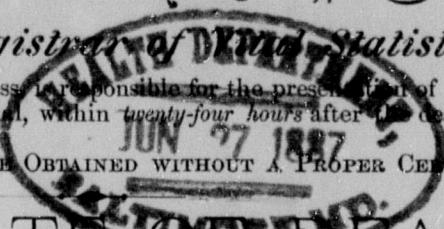
Office of Registrar of Vital Statistics.

Ward 8^o

9

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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✓

CERTIFICATE OF DEATH.

Date of Death, June 27

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella Harris

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 Years, Months, Days

Color, Dark

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } Convent of Sisters of Providence Chase & Forrest Place

Cause of Death, { First (Primary), Phthisis Pulm. Second (Immediate), Ascemia }

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral C.

Date of Burial, June 29 1887

F. E. Chatard Jr. M. D.

{ Undertaker, Jas C. Byrne

Medical Attendant.

{ Place of Business, 302 N Gay St

Address, 576 Park Ave

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Health Department, City of Baltimore.

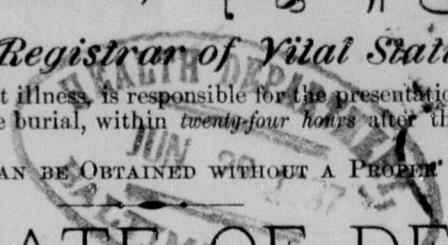
Permit No. A 1193

Office of Registrar of Vital Statistics.

Ward 7

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A
B

CERTIFICATE OF DEATH.

Date of Death, June 27, 1887

Full Name of Deceased, George Linde
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 23 Years, 7 Months, 23 Days.

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, none

Birth Place, Baltimore City
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, life - a time

Place of Death, 916 N. Charles St

Cause of Death, Cholera infantum
{ First (Primary), Second (Immediate), }
 Inflammation

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 28, 1887

Undertaker, Henry Jackson

Place of Business, 1023 N. Charles St

Jno. H. Curran M. D.

Medical Attendant.

Address, 1024 E. Monument St. E. Hotel

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 194 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

June 28, 1887

George Milton Jefferson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 10 Months, 6 Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give Street and Number. } 1311 N. Broadway

Cause of Death, { First (Primary), Bottled fed Dentition
Second (Immediate), Congestion, cerebral

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 28/87

{ Undertaker, A. S. Key } Walter Whittemore, M. D.

{ Place of Business, 301 W. Broadway } Address, 1101 N. Broadway

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A

695

Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

June 27 /87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Earnest H Adams

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, _____

Years, _____

Months, _____

9

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

labor

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

U.S.A.

Duration of Residence in the City of Baltimore,

1 year

Place of Death, { Give Street and Number. }

819 Cypress

Cause of Death, { First (Primary),
Second (Immediate), }

Asthma

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 28th 1887

{ Undertaker, Mrs Lemley Wood Blake M. D.

{ Place of Business, 647 W Patowmack Address, Leonardtown

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to the use of this space at the back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 690

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH. B

Date of Death, June 27. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Martha Routh

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 72 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

England

Duration of Residence in the City of Baltimore, 6 months

Place of Death, { Give Street and Number. } 1710 Bolton St

Cause of Death, { First (Primary), Paroxysm Agitans
Second (Immediate), Asthma }

Duration of Last Sickness, Several years - Fatal illness about

All the above information should be furnished by the Physician.

Place of Burial, Ottawa Ont Ca two weeks

Date of Burial, June 30 1887 J.C. Arthur M. D.

{ Undertaker, Terry & Mitchell

Medical Attendant.

{ Place of Business, North av 1 Oak Address, 605 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.
Office of Registrar of Vital Statistics. Ward 3rd

Permit No. A 697 The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

June 27/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susanah Kopp

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 2 Months, 6 Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Balt. city

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 184 S. Dallas st

Cause of Death, { First (Primary), Second (Immediate), }

Cataract
Membranous Croup

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 29th

R. W. Mansfield

M. D.

{ Undertaker,

W. Lippel

Medical Attendant.

{ Place of Business, 157 S. Bond

Address, 129 S. Broadway

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[over.]

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Health Department, City of Baltimore.
Office of Registrar of Vital Statistics. Ward 14

Permit No. A 698

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CERTIFICATE OF DEATH.

Date of Death, June 27, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Christian Schwartz

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, 10 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Barber

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. }

332 S Morris St
Marion

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's

Date of Burial, June 29th

{ Undertaker, J. F. Cowan

{ Place of Business, 901 Hollins St

James Boiley M. D.
Medical Attendant.
Address, 1701 Hollins St

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[OVER]

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Health Department, City of Baltimore.

Permit No. A 699 Office of Registrar of Vital Statistics. Ward 41

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CERTIFICATE OF DEATH.

Date of Death, June 27 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Deshield

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, One Months, One Days

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 220 East St

Cause of Death, { First (Primary), Improper food Indigestion
Second (Immediate), Convulsions }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 28 1887

{ Undertaker, William Dugay }

{ Place of Business, 150 East St Address, 304 n Exeter M. D.

Medical Attendant.

[over.]

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Health Department, City of Baltimore.

Permit No. A 709

Office of Registrar of Vital Statistics.

Ward 6th

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CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Jasper Walker
(Walker)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 6 Months, Days.

Color, Col.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1630 Mulliken St

Cause of Death, { First (Primary),
Second (Immediate), }

Morassus

Duration of Last Sickness,

One month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 28 1887

M. D.

{ Undertaker, William C. Dugee

J. J. Groff

Medical Attendant.

{ Place of Business, 150 East St

Address, 1437 Orleans St

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[OVER.]